

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 162
Registered No. 333

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 43 Mackay Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Babbie Marcellus Hamil
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____ 5. No., in order of birth _____
6. Legitimate? yes 7. Date of birth July 17 1929
Month Day Year

8. FATHER
Full name Calvin Cleveland Hamil

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Hennessy
(State or country) Oklahoma

13. Occupation Triple operator
Nature of industry Copper mine

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

14. MOTHER Hennessy
Full maiden name Loretta Mable Hennessy

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Hennessy
(State or country) Oklahoma

19. Occupation Housewife
Nature of industry

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:10 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. H. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed July 25 1929 C. E. Orr Registrar

Registrar